

TITLE OF THE ABSTRACT:

Exocrine pancreatic insufficiency following gastrectomy and quality of life in patients undergoing gastric resection for malignancy

DEPARTMENT: General Surgery

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OBJECTIVES:

To find the incidence of exocrine pancreatic insufficiency following gastrectomy, for gastric cancer and to assess the quality of life in patients undergoing gastric resection for malignancy.

METHODS:

This was a cross-sectional study among patients undergoing gastric resection for adenocarcinoma in Christian Medical College, Vellore. Patients planned for gastrectomy fulfilling the study recruitment criteria and consented for the study were tested for stool elastase pre-operatively and post-operatively. Continuous sampling of all eligible patients were done till sample size was reached. All patients who underwent gastrectomy for adenocarcinoma stomach during the study period in 2017 were assessed for quality of life using a semi structured questionnaire from a validated questionnaire EORTC QLQ C30 and EORTC QLQ STO22 during their postoperative

period. Retrospective QOL analysis was performed on the patients who had undergone gastrectomy for adenocarcinoma stomach between the years 2013 and 2016. Data was entered using Epidata 3.1 and analysed using SPSS 23.

RESULTS:

The incidence of exocrine pancreatic insufficiency calculated by stool elastase testing in subtotal and total gastrectomy was 40% and 16.7% respectively. The overall incidence of exocrine pancreatic insufficiency in gastrectomy was 34.6% None of the patients in the study had significant clinical symptoms suggestive of steatorrhea or fat malabsorption. There was no statistical difference between total and subtotal gastrectomy with the incidence of exocrine pancreatic insufficiency. More number of patients at 1-year follow-up have higher pain and eating restriction score which decreases as the follow up time period increases. Quality of life score was not influenced by the type of gastrectomy, method of surgery, stage of disease at presentation or the resection intent. As the follow up time period from time of surgery increases by a month, the overall quality of life score decreases by 2 points. The incidence of exocrine pancreatic insufficiency following gastric resection for malignancy is low in our population compared to the Western data. Routine supplementation of pancreatic enzyme to all patients undergoing gastrectomy may not be required.

KEYWORDS:

Gastrectomy, Exocrine pancreatic insufficiency, Quality of life, Stool elastase